

Date Received _____

**APPLICATION FOR ELLSWORTH
BOARD OF APPEALS
ASSESSMENT APPEALS**

APPEAL OF ANY DECISION MADE BY THE ASSESSOR MUST BE MADE WITHIN
60 DAYS OF THE DECISION.

Name of Appellant _____

Mailing Address _____

City or Town _____, State _____, Zip Code _____

Telephone (____) ____ - _____ Name of Property Owner _____

Property Location _____ Map/Lot _____
(if different from mailing address)

ATTORNEY / AUTHORIZED AGENT, IF ANY:

NAME: _____

FIRM: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

The undersigned requests that the Board of Appeals consider one of the following:

1. **Administrative Review** - To hear and decide appeals where it is alleged that there is an error in any order, requirement, decision, or determination made by, or failure to act by, the Tax Assessor.

**In addition to this application, you must submit the following for an administration review request:*

1. Assessed Valuation

a. Land: _____
b. Buildings: _____
c. Total: _____

2. Owner's Opinion of Current Value

a. Land: _____
b. Buildings: _____
c. Total: _____

3. Abatement Requested(Valuation Amount): _____
(#1c minus #2 c = #3)

4. Tax Year for which Abatement is requested _____

Ten (10) copies of your completed application and any additional documentation (1 original and 9 copies) must be submitted to the Code Enforcement Office **18 days** prior to the Board of Appeals meeting.

All lengthy documentary evidence that can reasonably be anticipated as part of the record (e.g., appraisal reports) shall be submitted by the taxpayer at least fourteen (14) days in advance of the Board's initial hearing on the application and by the Assessor at least seven (7) days in advance of the Board's initial hearing on the application.

The meetings are scheduled monthly on the fourth (4th) Monday of every month in the Ellsworth City Council Chambers, at 6:30 PM, unless otherwise notified or posted. If you have any questions regarding submission requirements, please call Valerie Moon at 667-8674 x 125 or vmoon@cityofellsworthme.org.

In accordance with the provisions of 36 M.R.S.A. § 843, I hereby make written application for an appeal of the assessed value of the property as noted above. *I certify that the information contained in this application and its supplement is true and correct, and I understand that all information that I provide to the Code Enforcement Office and Board of Appeals is public record.*

Appellant Signature_____

Date_____

This application must be signed.

NOTE

A separate application form should be filed for each separately assessed parcel of real estate claimed to be "manifestly wrong".